

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Bessie Ballard

Died at ^{Town} *Pocomoke city* - ^{County} *Worcester*

MARYLAND

Date of death 190 ² *Nov* ^{Month} *10* ^{Day} Age ^{Years} *5* ^{Months} ^{Days}

Sex *Female* Color or Race *colored* Birth-place *Pocomoke*

Married, Single or Widowed *Single* Occupation

Name of Wife or Husband

Father's Name *Bessie Ballard Brown* Father's Birthplace *Pocomoke*

Mother's Maiden Name *Horace Ballard* Mother's Birthplace *id*

Name of person giving information *Cecie Ballard* How related to deceased *Aunt*

CAUSES OF DEATH

Primary *Whooping Cough* *8* How long *3 weeks*

Immediate *Congestion of Lungs* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. J. L. Linn*

Address *Pocomoke*

Accident or Suicide?

PHYSICIAN
OR CORNER



Name
in
Full

William J. Bounds

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1902		Month	Day	Age	Years	Months	Days
Nov.		17 th		69		11	
Sex	Male	Color or Race	White	Birth-place	Maryland		
Married, Single or Widowed	Married	Occupation	Farmer				
Name of Wife or Husband	Elizabeth Bounds						
Father's Name	Jones Bounds				Father's Birthplace	Md.	
Mother's Maiden Name	Eleanor				Mother's Birthplace	Md.	
Name of person giving information	Woodland Co. Bounds				How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	I Don't know	How long	Six weeks
Immediate	Paralysis	How long	66
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geo. C. Hill Undertaker
		Address	Salisbury Md.
Accident or Suicide?			



Not named

Died at *Pocomoke City* Town *Worcester* County *MARYLAND*

Date 19 *02* Month *11* Day *23* Y. M. D. *3* Native of *md* Occupation *—*

Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *—*

Husband of

Wife

Father's Name *W. A. Bowland* Mother's Maiden Name *Lillie Evans*

Cause of Death { Primary *Deformity* Immediate *150* How long sick *From Birth*
~~Accident, Suicide, Homicide~~

Reported by *J. H. King*Address *Pocomoke City, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

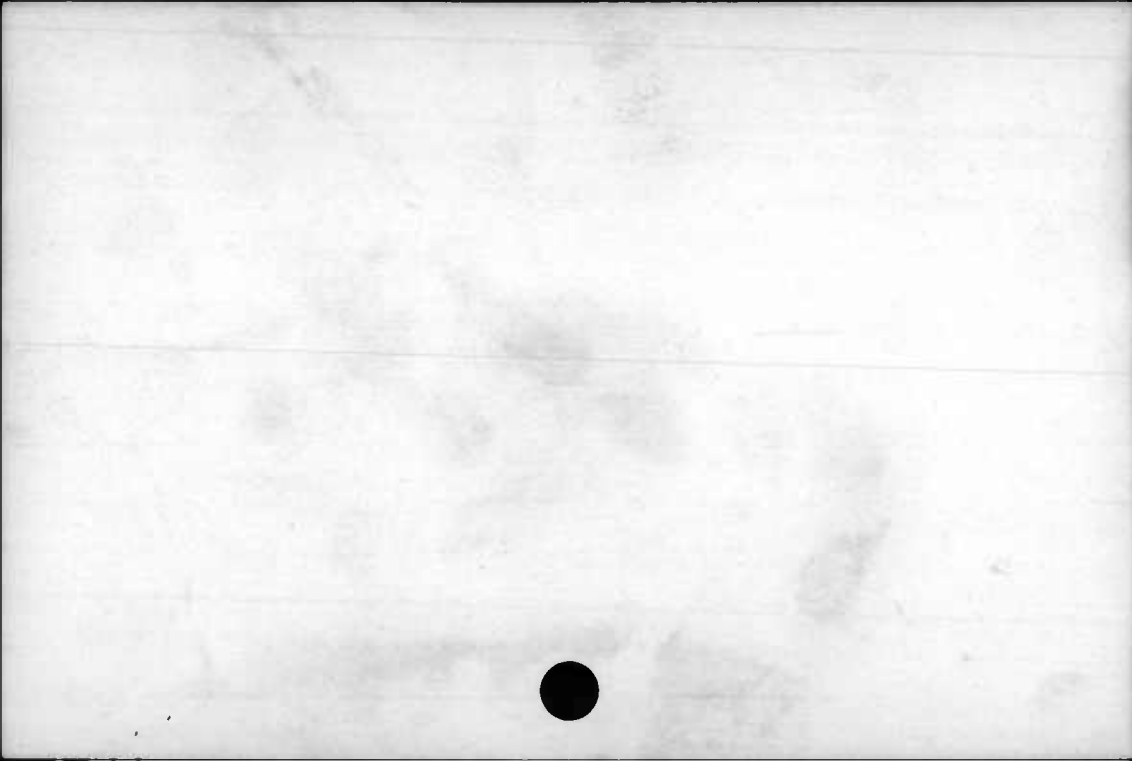
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mar Promokeats</i>		Town <i>Promokeats</i>		County <i>Promokeats</i>		MARYLAND	
Date of death 190	2	Month	Nov	Day	10	Age	Years
Sex <i>Male</i>		Color or Race <i>colored</i>		Birth-place <i>Mar Promokeats</i>		Months	Days
Married, Single or Widowed <i>—</i>				Occupation <i>Infant</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Marion Dix</i>				Father's Birthplace <i>Promokeats</i>			
Mother's Maiden Name <i>Savannah Aydelott</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>Lloyd Aydelott</i>				How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malaria</i>	How long <i>4</i>	How long <i>2 weeks</i>
Immediate <i>Cerebral Congestion</i>	How long <i>a few hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Samuel S. L...</i>	
	Address <i>Promokeats, Md</i>	
Accident or Suicide?		



Name
in
Full

Theftie Conaway child

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Berlin</u> Town		County <u>Worcester</u>		MARYLAND	
Date of death 190 <u>2</u>	Month <u>June</u>	Day <u>29</u>	Age <u>2</u>	Years <u>2</u>	Months <u>2</u>
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Berlin</u>	
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>George Ewell</u>			Father's Birthplace <u>Chancetown</u>		
Mother's Maiden Name <u>Theftie Conaway</u>			Mother's Birthplace <u>Berlin</u>		
Name of person giving information <u>Theftie Conaway</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>—</u>	How long <u>one week</u>
Immediate <u>—</u>	How long <u>15/1</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>No Dr. in attendance</u>
	Address <u>—</u>
Accident or Suicide? <u>—</u>	

C. J. Evans & Son

Name
in
Full

Alfred Fassitt

CERTIFICATE OF DEATH

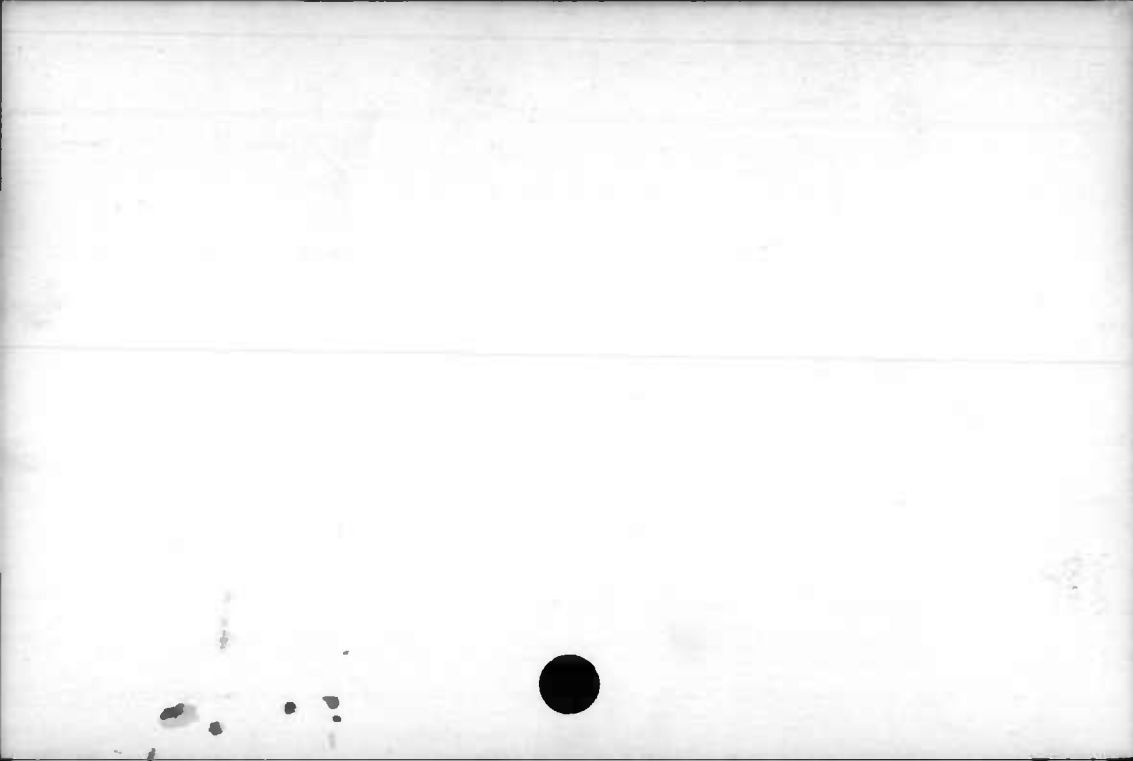
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Shewell</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death 190 <i>2</i>	<i>11</i> <small>Month</small>	<i>14</i> <small>Day</small>	<i>68</i> <small>Year</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
Married, Single or Widowed <i>Married</i>	Occupation <i>Grutteman</i>				
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>J E Wise</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	<i>let</i>	How long <i>4 Hours</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr Cyrus Dickinson</i>	Address <i>Berlin N.J.</i>
Accident or Suicide?		



Name In Full

Certificate of Death

Handy Fisher

Town

Stockton

County

Winchester

MARYLAND

Died at

Date 189

1902

Month

Day

Nov 22

Y.

M.

D.

Age

20

Native of

Md

Occupation

Laborer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~~~Husband~~
of~~Wife~~

Father's

Name

William Fisher

Mother's

Name

Mary Holland

Cause of

Primary

Pulmonary tuberculosis

How long sick

3 months

Death

Immediate

Heart failure

~~Accident, Suicide, Homicide~~

Reported by

Jno. D. Dickerson M.D.

Address

Stockton

Winchester Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Benjamin H Gordley

Town

County

Died at

Gudlitree

Haverhill

MARYLAND

Data 1912

Month Day

11 22

Y. M. D.

Age

71.11

Native of

Ind

Occupation

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

6

Husband

of

Wife

C. E. Dennis

Father's

Name

Spec Gordley

Mother's

Maiden Name

Eleanor Hastings

Cause of

Primary

Chronic Bright's

How long sick

about 6 months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

C. H. Benjamin, Jr., D.

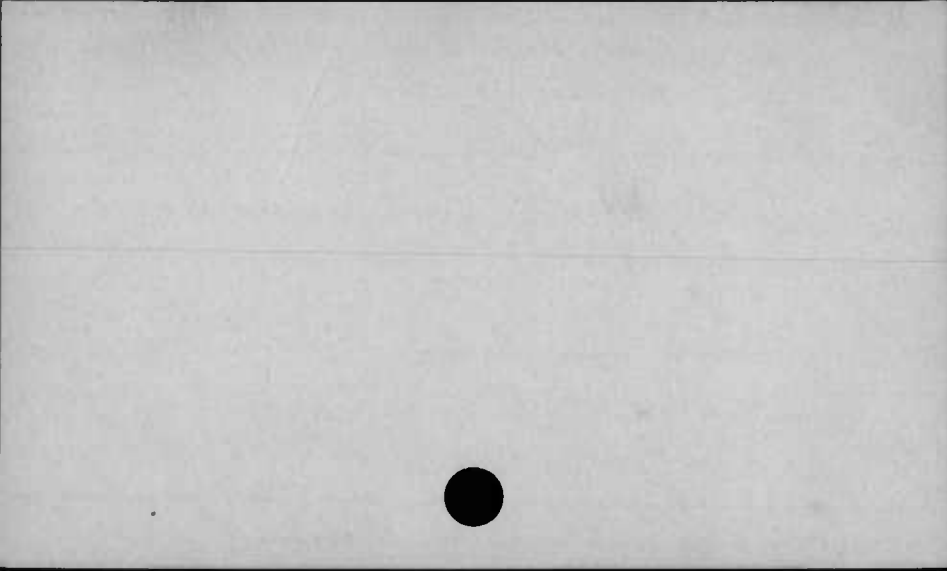
Address

Gudlitree

Haverhill Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70005



Name
in
Full

CERTIFICATE OF DEATH

Sallie Hammond

Died at

Shoreville Town

County

Worcester

MARYLAND

Date

of death 1902

Month

11

Day

20

Age

Years

27

Months

—

Days

—

Sex

Female

Color or
Race

Blk

Birth-
place

Worcester

Married, Single
or Widowed

Single

Occupation

Servant-

Name of Wife or
HusbandFather's
Name

James E Hammond

Father's
Birthplace

Worcester

Mother's
Maiden Name

Agatha " "

Mother's
BirthplaceName of person giving
Information

Charlotte " "

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Consumption 2

How long

4 Mo

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

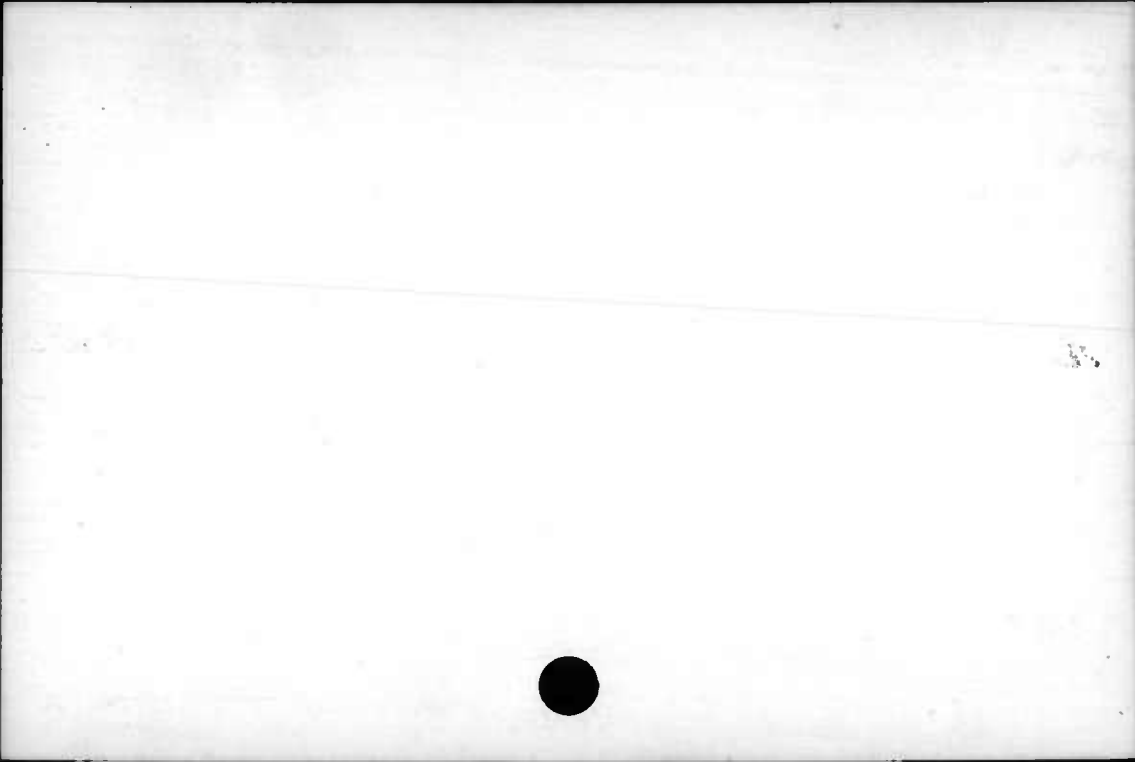
Address

Dr Martin
Sallyville

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary E Hastings

CERTIFICATE OF DEATH

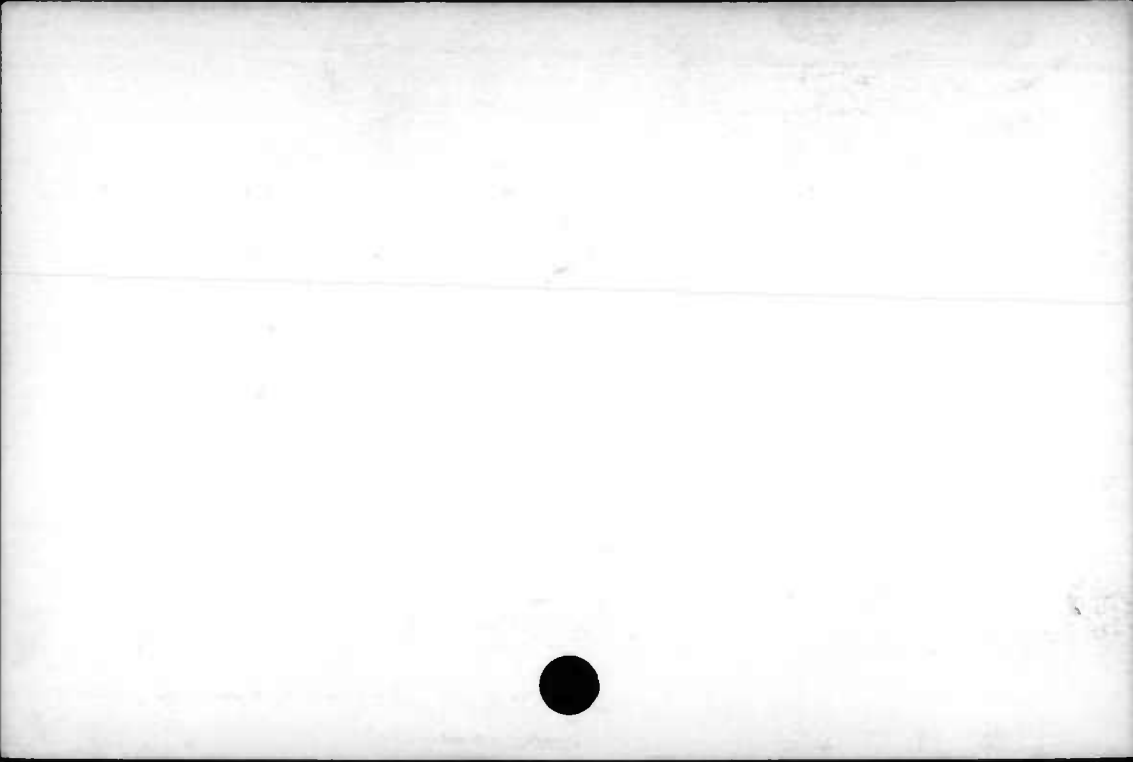
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New York</i> ^{town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death 1902	Month 11	Day 12	Age 60	Years	Months
Sex Female	Color or Race White		Birth-place Worcester		
Married, Single or Widowed	Widow		Occupation House keeper		
Name of Wife or Husband <i>John W Hastings</i>				Father's Birthplace	
Father's Name				Mother's Birthplace	
Mother's Maiden Name				How related to deceased	
Name of person giving information <i>Chas Hastings</i>				Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dropsy</i>	How long	<i>5-24</i>
Immediate	<i>in</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Dr Paul Jones</i>	
		Address	
		<i>Snow Hill</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

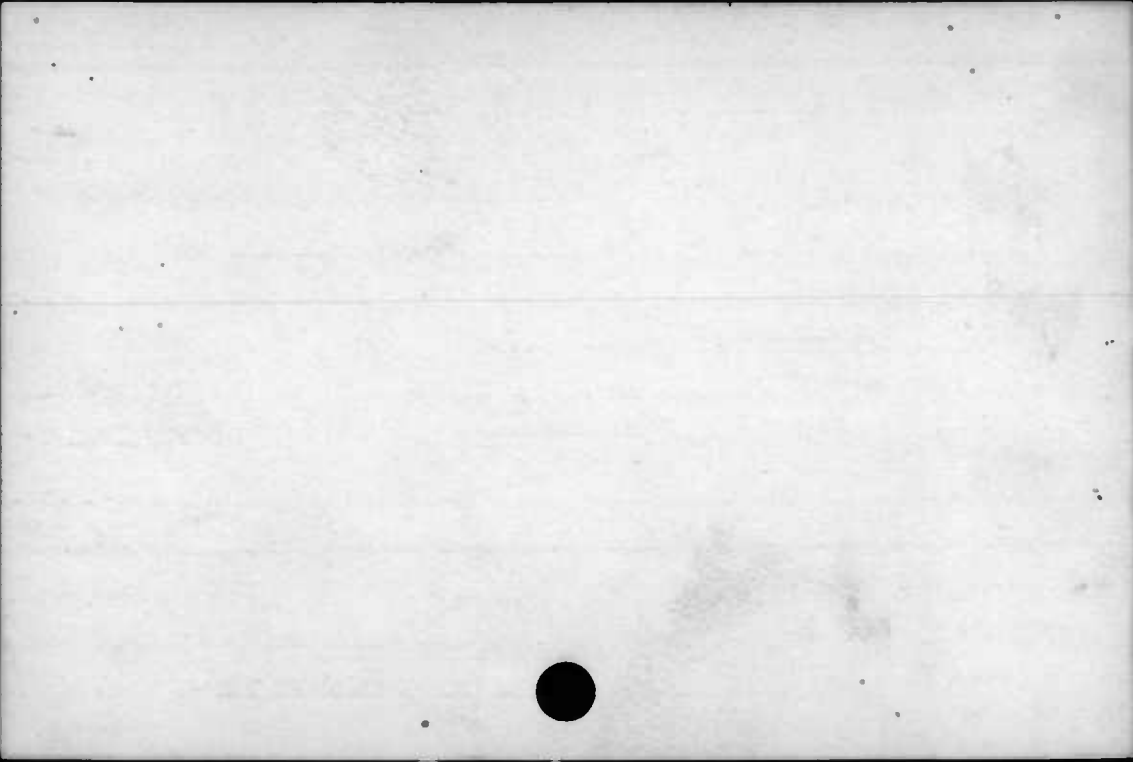
TO BE ANSWERED BY
NEAREST FRIEND

Alexander Holland						TOWN		County		MARYLAND	
Died at		Pocomoke City		Morris							
Date of death 190		2		Month		14th		Day		Years	
Sex		Male		Color or Race		Colored		Birth-place		Pocomoke City	
Married, Single or Widowed				Occupation							
Name of Wife or Husband											
Father's Name				Thos Brown		Father's Birthplace		Morristown Co			
Mother's Maiden Name				Eva Holland		Mother's Birthplace		Pocomoke City			
Name of person giving information				Leah Jane Maddox		How related to deceased		Friend			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Whooping Cough &		How long		3 weeks	
Immediate		Congestion and Spasms		How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Sam L. Lucas	
				Address		Pocomoke City Md	
Accident or Suicide?							



Henrietta F Spencer Murray

Died at ^{Town} Pocomoke City ^{County} Worcester MARYLAND

Date 1902 Nov 15 Age 64 Y. M. D. Native of Maryland Occupation Housewife
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ of Widow James Murray

Father's Name Benjamin Spencer Mother's Name Polly Taylor

Cause of Death { Primary Inflammation of Throat Exhaustion
Immediate
How long sick About one week
Accident, Suicide, Homicide

Reported by J T Cozart 101
Address Pocomoke Md.



Name
in
Full

Charles Parsons

CERTIFICATE OF DEATH

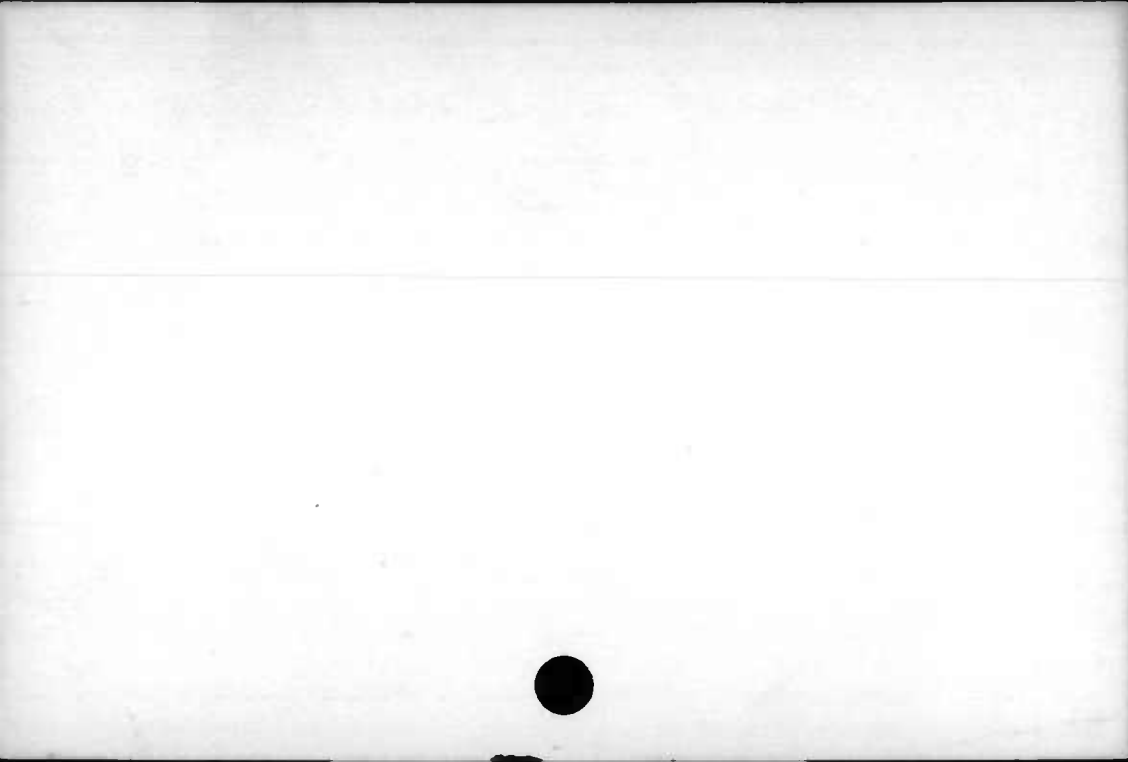
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Ocean City</i>		Town <i>Worcester</i>		County		MARYLAND	
Date of death 1902		Month <i>11</i>	Day <i>13</i>	Age <i>70</i>	Years	Months	Days
Sex <i>White Male</i>	Color or Race <i>White</i>	Birth-place <i>Worcester</i>					
Married, Single or Widowed <i>Widower</i>	Occupation <i>Farmer</i>						
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>J. E. Wise</i>				How related to deceased <i>154</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>Several months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>as</i>	Signature of Physician <i>Dr. E. L. Durckson</i>
<i>Near as possible</i>	Address <i>Bellevue Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

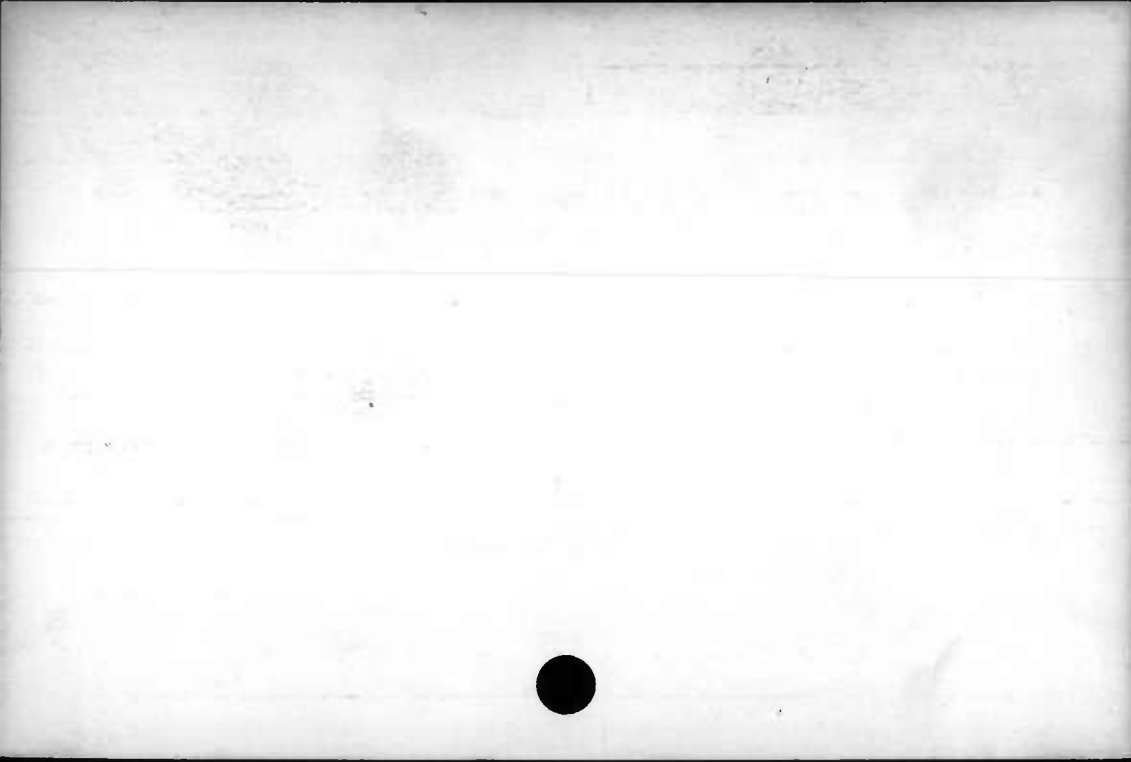
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Meen Berlin</i>		Town <i>Aborcutt</i>		County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Nov</i>	Day <i>1</i>	Age <i>55</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Aborcutt C</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Farm laborer</i>					
Name of Wife or Husband <i>Laura Purcell</i>							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>L. L. Dilworth</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Softening of Brain</i>	How long <i>65</i>	How long <i>2 year</i>
Immediate <i>Softening of Brain</i>		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James Pitts</i>	
	Address <i>Berlin, Md</i>	
Accident or Suicide?		



Died at Stucklin ^{Town} Winchester ^{County} MARYLAND
 Date 1902 Nov 24 ^{Month Day} Y. M. D. ^{Native of} md ^{Occupation}
 Male White Married Widow Divorced None
 Female Colored Single Widower Number of children living None

~~Husband~~ of
~~Wife~~

Father's Name Barbara Burnell Mother's Maiden Name Eva Farmer

Cause of Death { Primary Still-born ^{How long sick} None
 Immediate Accident, Suicide, Homicide

Reported by J. D. Dickerson M.D.
 Address Stucklin Winchester Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full

Certificate of Death

Minerva B. Roberson

Town

County

Died at

Stockton

Worcester

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Nov 12

Age

25-

Ind

House-wife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Singla~~~~Widower~~

Number of children living 1

Husband of

Levin P. Roberson

Father's Name

Mother's

Maiden Name

Nedra Davis

Lucie Brittingham

Cause of

Primary

Pulmonary Tuberculosis

How long sick

27

Death

Immediate

Pulmonary hemorrhage

Accident Suicide Homicide

Reported by

Address

Jno D Dickerson, M.D.
Stockton

Worcester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Maggie E. Krolek

Died at

Date 1912

Husband of
Wife

Father's Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town
Stooltown

County

Winchester

MARYLAND

Month Day

Nov 21

Y. M. D.

20

Native of

MD

Occupation

Servant

Age

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Mother's

Maiden Name

Jane Warrick

Primary

Immediate

Pulmonary Tuberculosis

Pulmonary Hemorrhage

How long sick

4 Months

Accident, Suicide, Homicide

Jno. D. Dickerson M.D.

Stooltown

Winchester, Co. Md.



Handwritten text, possibly a signature or a date, located in the lower right quadrant of the page.

Name in Full

Certificate of Death

Nora Schoolfield

Died at ^{Town} *Promoke City* ^{County} *Worcester*

MARYLAND

Date 19 *02* ^{Month} *Nov* ^{Day} *29* ^{Y.} *26* ^{M.} *26* ^{D.} *26* ^{Native of} *Worcester* ^{Occupation} *Spinster*

☒ Male ☐ White ☐ Married ☐ Widow ☐ Divorced ☐ Number of children living

☐ Female ☐ Colored ☐ Single ☐ Widower

Husband of _____

Wife

Father's Name *Smith Schoolfield* Mother's Maiden Name *Mary Jane*

Cause of Death { Primary *Epilepsy* Immediate *Malarial Fever* } ^{How long sick} *3 weeks* _{Accident, Suicide, Homicide}

Reported by *Samuel L. Quinn*

Address *Promoke City, Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Thos Schovelius

CERTIFICATE OF DEATH

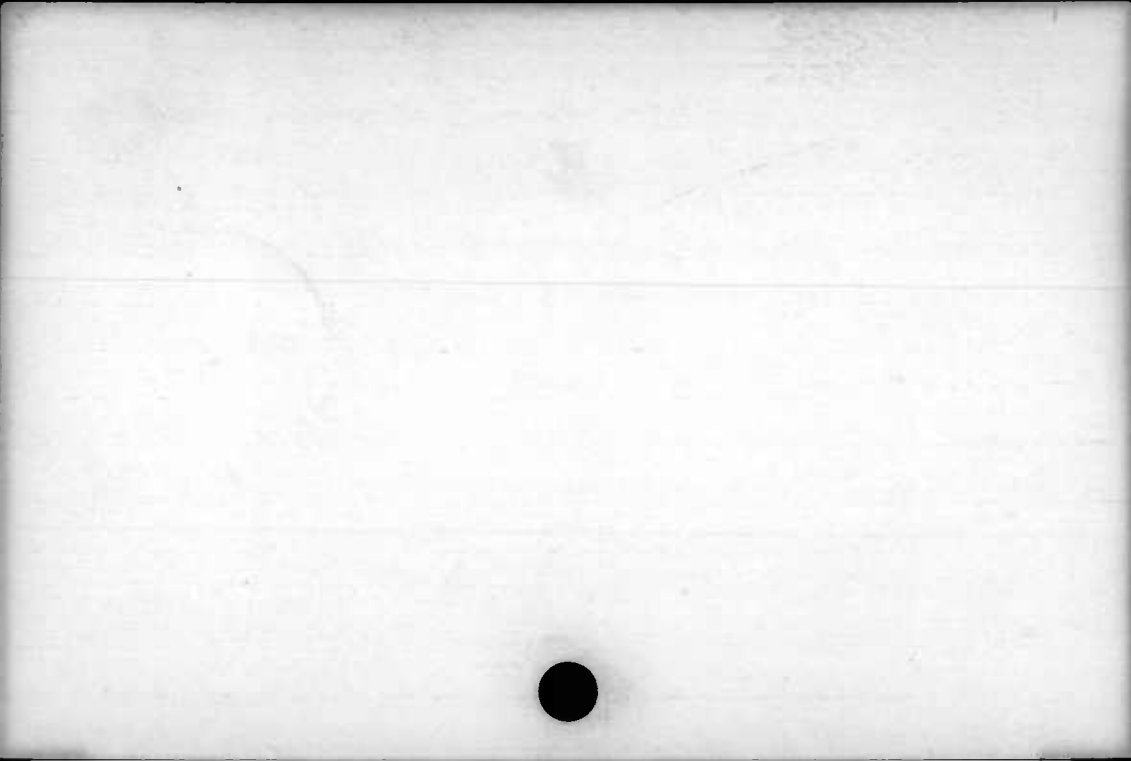
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pocomoke city</u> ^{Town}		<u>Worcester</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u> ^{Month}	<u>Nov</u> ^{Day}	<u>1</u> ^{Years}	Age	<u>46</u> ^{Months}	<u></u> ^{Days}
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Pocomoke city</u>			
Married, Single or Widowed <u>—</u>			Occupation <u>Infant</u>		
Name of Wife or Husband <u>William Schovelius</u>					
Father's Name <u>William Schovelius</u>			Father's Birthplace <u>Coston district</u>		
Mother's Maiden Name <u>Hattie Bailey</u>			Mother's Birthplace <u>Pocomoke city</u>		
Name of person giving information <u>Father</u>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primery <u>Inanition</u> <u>4²</u>	How long
Immediate <u>Malarial fever</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Paul S. L...</u>
	Address <u>Pocomoke city, Md</u>
Accident or Suicide?	



Name in Full

Certificate of Death

Arra Selby

Town *Key Orange* County *Thurston* MARYLAND

Died at *Key Orange*

Date 1902 November 30 Age 65

Month *Nov* Day *30* Y. *Nov* M. *Nov* D. *Nov*

Native of *Maryland* Occupation *Housekeeper*

~~Male~~ *Female* ~~Colored~~ *White* ~~Single~~ *Widower* Divorced *03*

Number of children living *03*

Husband of *George Selby*

Wife

Father's Name *John Wright* Mother's *Milly Wright*

Maiden Name *Arminata Wright*

Cause of *Primary Paralysis* How long sick *12 years*

Death *Immediate* *Ischemia* *66* Accident, Suicide, Homicide

Reported by *Dr. J. Parker*

Address *Stevenson Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

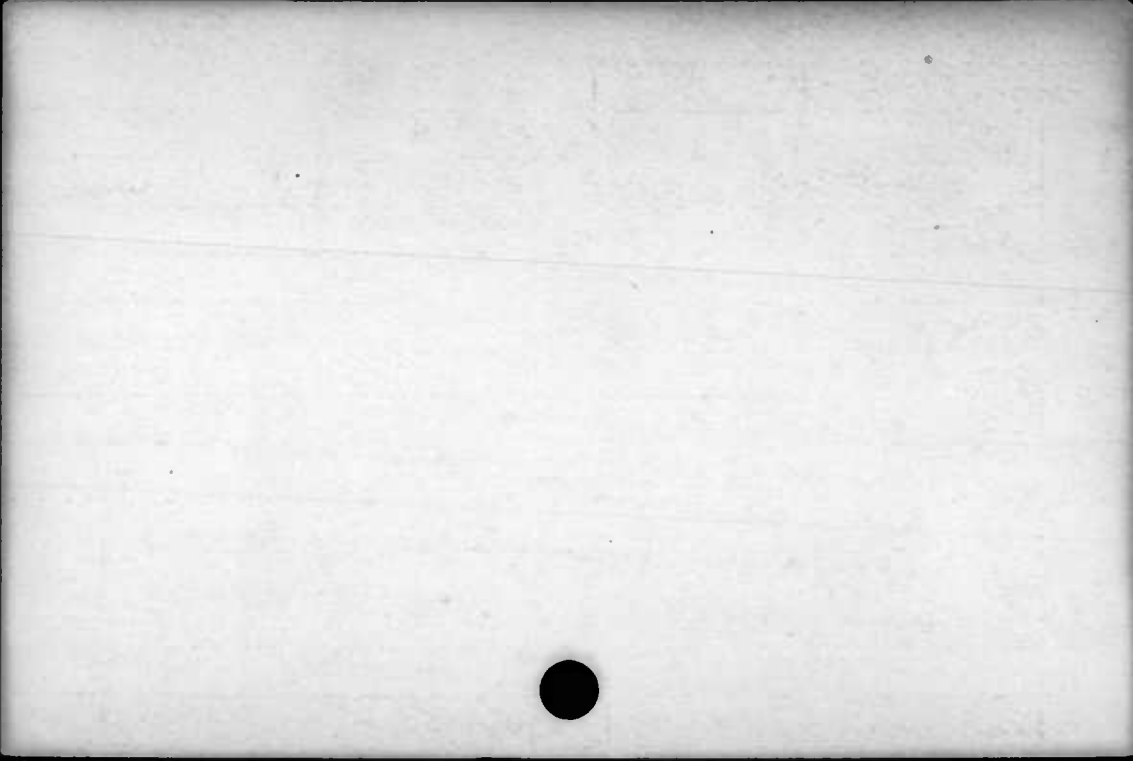
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pennock city</i>			Town <i>Pennock city</i>			County <i>Worcester</i>			MARYLAND				
Date of death 190 <i>2</i>		Month <i>Nov</i>		Day <i>2</i>		Age <i>2</i>		Years <i>2</i>		Months <i>1</i>		Days	
Sex <i>Female</i>				Color <i>Dark</i>				Birth-place <i>Pennock city</i>					
Married, Single or Widowed						Occupation <i>Infant</i>							
Name of Wife or Husband <i>Hattie Strickly</i>													
Father's Name <i>Charles Strickly</i>						Father's Birthplace <i>Worcester</i>							
Mother's Maiden Name <i>Hattie Linn</i>						Mother's Birthplace <i>Worcester</i>							
Name of person giving information <i>Charles Strickly</i>						How related to deceased <i>Sister</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>		How long <i>1 week</i>	
Immediate <i>Fifts</i>		How long <i>1 week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

Fred Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Snowsice		County Worcester		MARYLAND	
Date of death 190	2	Month Nov	3	Day 30th	Age 25	Years 6.	Months Days
Sex male		Color or Race dark		Birth- place Pocomoke City			
Married, Single or Widowed Married		Occupation work at the mill					
Name of Wife or husband Sadie Taylor							
Father's Name George. Baatten				Father's Birthplace Pocomoke			
Mother's Maiden Name May Elizeth Spence				Mother's Birthplace Snowsice			
Name of person giving In formation May Elizeth Spence				How related to deceased 4 weeks			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Neurmonia 93	How long	4 weeks.
Immediate	Yes.	How long	4 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician William S. Williams	
Snowsice		Address Worcester County Maryland	
Accident or Suicide?		No. -	

